

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV -3 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039552

1. Corporation Name

SOLUTION CRAFTERS, INC.

Principal Place of Business

5630 SOUTH WEST 76TH STREET, #3
MIAMI FL 33143

Mailing Address

5630 SOUTH WEST 76TH STREET, #3
MIAMI FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0582594

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LINTNER, MARK	5630 SOUTH WEST 76TH STREET, #3	MIAMI FL 33143

7800002340687-2
-11/06/97--01099--018
****165.00 ****165.00

11/3/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LINTNER, MARK
5630 SOUTH WEST 76TH STREET, #3
MIAMI FL 33143

Name

MARY ANN CARLSON

Street Address (P.O. Box Number Is Not Acceptable)

2955 HARTLEY Rd #204

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32257

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Mary Ann Carlson

REGISTERED AGENT MUST SIGN

Date

10/31/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mark Lintner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-61-97

Date

204 262-203K

Daytime Phone #

CR2E040 (8/97)

(2)

Solution Crafters, Inc.

Mark Lintner
5630 South West 76th St. #3
Miami, FL 33143

Telephone (904) 262-7034

October 31, 1997

Florida Department Of State
Division of Corporations
P O Bx 6327
Tallahassee FL 32314

Ref: P95000039552
Annual Corporation Filing

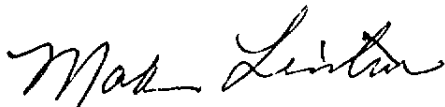
Gentlemen:

I am enclosing the form Application for reinstatement.

I have done extensive research and have found that the original check I issued to you and the accompanying reports had never reached your office. I have placed a stop payment on the original check and have re-issued.

After speaking with your office, I am asking that the re-instatement of the corporation be done and that the re-instatement penalty be waived. Please let me know if you need any additional information. I have also changed my registered agent and have asked a professional to follow up on this for my corporation in the future.

Regards



Mark Lintner
President

MLAsab

Enclosures: Forms
CK